

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	215520735				
1.) CORPORATION NAME: <span style="float: right;">DUE DATE: <b>4/30/2015</b></span> <b>Groendyke Transport Inc.</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY</b> <b>BANK OF AMERICA CENTER, 16TH FLOOR</b> <b>1111 EAST MAIN STREET</b>  <b>RICHMOND, VA</b>		SCC ID NO: <b>F0453615</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000,000
CLASS	AUTHORIZED					
COMMON	10,000,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>OK</b>						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">             ADDRESS: 2510 ROCK ISLAND BLVD               CITY/ST/ZIP: ENID, OK 73702           </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: <span style="float: right;">All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</span>						
NAME: GREG HODGEN TITLE: PRESIDENT ADDRESS: 2510 ROCK ISLAND BLVD CITY/ST/ZIP/CO: ENID, OK 73701	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
NAME: MIKE BARNTHOUSE TITLE: CFO / VP ADDRESS: 2510 ROCK ISLAND BLVD CITY/ST/ZIP/CO: ENID, OK 73701	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: ROB FRIES TITLE: VICE PRESIDENT ADDRESS: 2510 ROCK ISLAND BLVD CITY/ST/ZIP/CO: ENID, OK 73701	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: BERNARD HIGGINS TITLE: VICE PRESIDENT ADDRESS: 2510 ROCK ISLAND BLVD CITY/ST/ZIP/CO: ENID, OK 73701	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: STEVE NISWANDER TITLE: VICE PRESIDENT ADDRESS: 2510 ROCK ISLAND BLVD CITY/ST/ZIP/CO: ENID, OK 73701	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
NAME: DON QUERCIAGROSSA TITLE: VICE PRESIDENT ADDRESS: 2510 ROCK ISLAND BLVD CITY/ST/ZIP/CO: ENID, OK 73701	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					

NAME:	DAVID SNAPP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	BARRY S MCDANIEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	1718 DENIM LN		
CITY/ST/ZIP/CO:	ENID, OK 73703		
NAME:	JOHN D. GROENDYKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	DAVID JAMES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	2510 ROCK ISLAND BVLD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	MATTHEW MUELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	DAVID H SCHAUB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GEN COUNSEL		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	VIRGINIA GROENDYKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	JOHN HAYDEN GROENDYKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	HAROLD B GROENDYKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	BEVERLY SHAWN GROENDYKE-HODGEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
NAME:	MELANIE VAL GROENDYKE-MASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2510 ROCK ISLAND BLVD		
CITY/ST/ZIP/CO:	ENID, OK 73701		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ MATTHEW MUELLER</u>	<u>MATTHEW MUELLER,</u>	<u>5/27/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CONTROLLER PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		